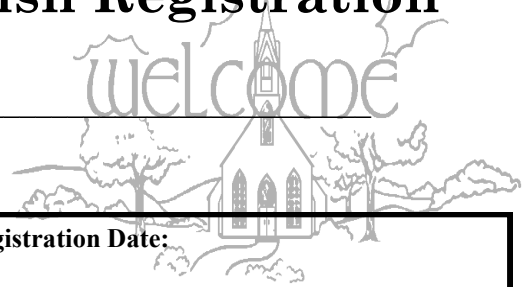


# St. John the Evangelist/ Parish Registration



Family Name: \_\_\_\_\_

Envelope # \_\_\_\_\_

Street Address: \_\_\_\_\_

**Office use only Registration Date:** \_\_\_\_\_

Phone: \_\_\_\_\_

City/ State/ Zip: \_\_\_\_\_

## Adult Members of Household

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

City/State/Country of Birth \_\_\_\_\_

City/State/Country of Birth \_\_\_\_\_

Catholic  Yes  No  
*If no specify other religion \_\_\_\_\_  
Or indicate none*

Catholic  Yes  No  
*If no specify other religion \_\_\_\_\_  
Or indicate none*

Marital Status: *Single {} Married {}  
Divorced {} Widowed {}*

Marital Status: *Single {} Married {}  
Divorced {} Widowed {}*

If married were you married in a Catholic Church?  Yes  No  
If yes which Church? \_\_\_\_\_  
Wedding Date: \_\_\_\_\_

If married were you married in a Catholic Church?  Yes  No  
If yes which Church? \_\_\_\_\_  
Wedding Date: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Talent: \_\_\_\_\_

Talent: \_\_\_\_\_

### Sacraments Received

- Baptism
- Eucharist
- Confirmation
- Matrimony

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- Eucharist
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Last Parish [*Please include City/State*] \_\_\_\_\_

Years in last Parish \_\_\_\_\_

Are there other adults living in your household (mother/father/in-laws/brother/sisters?) \_\_\_\_\_  
If yes please list them separately. If they are members of the parish OR have them complete a separate data form.

Please list Non-Adult children oldest to youngest

Full Name: \_\_\_\_\_  
Male  Female   
Lives at home  Live with other parent   
Away at school   
Date of Birth: \_\_\_\_\_  
City/State of Birth: \_\_\_\_\_  
*Would like information on*  
Religious Ed  Altar Serving  Youth Group   
**Sacraments Received & Where & When**  
 Baptism \_\_\_\_\_  
\_\_\_\_\_  
 First Penance \_\_\_\_\_  
\_\_\_\_\_  
 Eucharist \_\_\_\_\_  
\_\_\_\_\_  
 Confirmation \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_  
Male  Female   
Lives at home  Live with other parent   
Away at school   
Date of Birth: \_\_\_\_\_  
City/State of Birth: \_\_\_\_\_  
*Would like information on*  
Religious Ed  Altar Serving  Youth Group   
**Sacraments Received & Where & When**  
 Baptism \_\_\_\_\_  
\_\_\_\_\_  
 First Penance \_\_\_\_\_  
\_\_\_\_\_  
 Eucharist \_\_\_\_\_  
\_\_\_\_\_  
 Confirmation \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_  
Male  Female   
Lives at home  Live with other parent   
Away at school   
Date of Birth: \_\_\_\_\_  
City/State of Birth: \_\_\_\_\_  
*Would like information on*  
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**Sacraments Received & Where & When**  
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\_\_\_\_\_  
 First Penance \_\_\_\_\_  
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 Eucharist \_\_\_\_\_  
\_\_\_\_\_  
 Confirmation \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_  
Male  Female   
Lives at home  Live with other parent   
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\_\_\_\_\_  
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\_\_\_\_\_  
 Eucharist \_\_\_\_\_  
\_\_\_\_\_  
 Confirmation \_\_\_\_\_  
\_\_\_\_\_

*If you need more spaces for children please use an additional form*

**I would like more information about the following activities**

*Please check any that apply and indicate who in the family is interested and someone from  
The parish organization will contact you*

**Liturgical Ministry**

- Choir
- Eucharistic Minister
- Lector
- Greeter

**Parish Ministries**

- Maintenance
- Christian Service
- St. Vincent de Paul Soc.

810.669.1029

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